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Building resilience in early-career social workers: evaluating a multi-modal intervention

Abstract

It is widely recognised that social workers need to increase their emotional resilience to protect their wellbeing and enhance the quality of their professional practice, but there is little evidence-based guidance on how this might be achieved. This study evaluated a multi-modal intervention that aimed to improve emotional resilience and wellbeing in newly-qualified social workers from children's services in England. More specifically, it examined whether the intervention enhanced several personal resources associated with resilience (emotional self-efficacy, reflective ability, self-compassion and compassion satisfaction/fatigue) together with the overall level of mental health. A repeated measures wait-list controlled design was utilised. Twenty-five social workers in their first year of qualified practice in children's statutory services received training over a two-month period. The control group comprised 31 early career social workers also working in statutory children's services. An online survey obtained data before the intervention and two months afterwards. Evidence was found that the intervention was effective in enhancing some personal resources, as well as psychological wellbeing more generally. The finding that psychological distress and compassion fatigue increased during the study period for the control group raises some concerns. The potential of the findings to inform sustainable, evidence-based interventions to protect and promote wellbeing in early career social workers is discussed.

Introduction

There is evidence that social workers are more vulnerable to job-related stress and burnout than many other professional groups (Johnson *et al.*, 2005; Grant & Kinman, 2014). Studies have linked the complexity and emotional demands inherent in social work with physical and mental ill health, sickness absence and attrition, and a range of other negative outcomes such as emotional exhaustion, compassion fatigue and secondary trauma (Huxley *et al.*, 2005; Adams, Boscarino and Figley, 2006; Bride, 2007; Kim and Stoner, 2008; Curtis, Moriarty and Netten, 2009; Jack and Donellan, 2010; Newell and MacNeil, 2010). These factors have clear potential to impair the quality of professional practice as well as the wellbeing of social workers.

Employers have a legal and moral duty of care to safeguard the wellbeing of their staff by identifying and managing work-related stressors at source (Donaldson-Feilder, Lewis and Yarker, 2011). It is therefore crucial for social work employers to provide evidence-based initiatives to protect the wellbeing of staff, such as effective caseload/workload management systems and support to help them manage the emotional demands of practice (Grant and Brewer, 2014; UNISON, 2014). It is generally recognised, however, that social workers have a critical role to play in building the resilience required to help them withstand the emotional demands of the job (Laming, 2009; Munro, 2011). The relevance of emotional resilience to the profession is acknowledged by its inclusion as an essential skill in the Professional Capability Framework for Social Workers in England (BASW, 2016). The framework requires social work students to demonstrate an understanding of the importance of

emotional resilience and adaptability at entry level and the ability to protect and develop their resilience upon qualification. Higher Education Institutions are now required to provide an 'emotional curriculum' to equip students with the confidence, resilience and flexibility required to manage the demands of practice (Authors, 2014; Considine et al. 2016).

Several studies conducted over the last decade or so demonstrate the wide-ranging benefits of resilience for employees and organisations (e.g. Luthans *et al.*, 2007; Fisk and Dionisi, 2010). The importance of resilience for health and social care professionals in particular has been emphasised (Kinman and Grant, 2014). Supporting its inclusion as a key professional competency, there is a growing recognition that resilience is an essential quality for social workers, as it has strong potential to help them manage the complexities of the job more effectively, enhance their decision-making capacities, adapt positively to the challenges of a constantly changing work environment, as well as protect their health and wellbeing (Collins, 2007; Wilks and Spivey, 2010; Beddoe et al. 2011; Grant & Kinman, 2014; Kapoulitsas and Corcoran, 2014). There is little agreement on how to conceptualise resilience, but the characteristics and skills that help professionals cope, adapt and develop will, to a large extent, be dependent on the requirements of the job role (Rajan-Rankin, 2013; Authors, 2014; Polachek *et al.* 2016). In order to enhance resilience in social work contexts, it is therefore crucial to gain an understanding of how this quality is perceived by workers, the personal and organisational resources that underpin it, and the strategies that have the potential to enhance it.

Resilience has been defined in many ways, but the notion of positive adaptation to adversity, as well as the importance of control, coping and support, is a

recurring theme (Fletcher and Sarkar, 2015; Polachek et al. 2016). A study that explored the personal representations of resilience of 300 English social workers conducted by Grant and Kinman (2013) found considerable variation in how the concept was defined, but it was typically described as a dynamic interplay between personal characteristics and the effective utilisation of support from various sources. In general, resilience was considered essential for social workers in order to protect their wellbeing and promote effective practice in the face of heavy and complex workloads and the high emotional demands inherent to the role. Early career social workers tended to conceptualise resilience in reactive terms: i.e. as way of coping more effectively with current job-related demands. More experienced staff, however, tended to see resilience in more proactive terms, emphasising its role in underpinning various personal stress-resistance resources that can protect wellbeing and practice over time.

Studies have examined the psychobiological and psychosocial factors that underpin resilience and successful adaptation to stress more generally (Buckner *et al.*, 2003; Feder, Nester and Charney, 2009). Experiences in early childhood, such as attachment style and relationships with peers, are particularly powerful predictors of resilience in later life (Masten and Gerwartz, 2006). Nonetheless, there is evidence that resilience can be developed in workplace settings using carefully ‘tailored’ interventions that acknowledge the demands experienced by different occupational groups (Cooper, Flint-Taylor and Pearn, 2013; Fletcher and Sarkar, 2013). When planning interventions, it is also essential to identify the characteristics of the individual and the organisation that underpin resilience in different working contexts.

Recent research offers some insight into the features associated with resilience in social care settings. The importance of optimism, effective coping skills and self-care has been emphasised (Collins, 2007; Wilks and Spivey, 2010). Drawing on interviews conducted with social workers in New Zealand, Adamson, Beddoe and Davys (2012) developed a conceptual framework comprising three elements: the self (individual resources such as a sense of identity, autonomy and optimism, as well as personal history and internalised moral and ethical codes); the practice context (properties of the organisational structure and culture) and factors that mediate between the self and the practice context (such as support from supervisors and colleagues, coping and problem-solving skills, effective boundary setting, and developmental learning) (p. 532). This framework is useful in articulating how the personal qualities of social workers interact with their working environment to predict individual vulnerabilities and identify sources of support and has the potential to inform multi-level interventions to enhance resilience.

Research conducted by Kinman and Grant (2011) identified several psychosocial characteristics that underpin resilience and wellbeing in social workers in the UK. These include emotional literacy (i.e. the ability to attend to, appraise and differentiate emotional states in the self and others; appreciate how emotions facilitate thought and decision-making; and regulate emotions to promote personal growth), as well as other resources such as reflective ability, flexibility in coping styles, and support from managers and co-workers. 'Bounded' empathy and compassion are also key factors where practitioners are able to show concern for service users and attempt to take their perspective, while maintaining a protective emotional boundary to avoid becoming over-involved with their difficulties. The study

highlighted the importance of emotional literacy, in particular, as it mediated the relationship between emotional resilience and psychological wellbeing. This ongoing research programme has informed the development of a “toolbox” of strengths-based interventions to help social workers cultivate these characteristics (see Grant and Kinman, 2012). The findings suggest that interventions that aim to enhance emotional literacy will be particularly effective in building resilience and protecting wellbeing in this working context. A recent intervention study conducted by the research team utilised a multi-dimensional model of emotional intelligence developed by Salovey *et al.* (2008) to develop emotion management competencies in a cohort of social work students (Grant, Kinman and Alexander, 2014). The findings were promising in that reflective ability, and empathy (perspective taking and empathic concern), as well as emotional literacy, increased after the intervention and psychological distress diminished.

As well as inspiring curriculum-focused interventions with students, the research programme has informed a series of training days for qualified social workers. This training has been well received, but the evidence base for its effectiveness has not yet been demonstrated. Accordingly, the present study assessed the impact of a multi-modal training initiative designed to enhance resilience and wellbeing in a group of newly-qualified social workers employed in children’s services. This branch of social work is considered to be particularly complex and emotionally challenging, with high turnover and poor retention rates in the UK and other countries (Ellett *et al.* 2011; Burns, 2011; Baginsky, 2013; McFadden, Campbell and Taylor, 2014). The need for employers to invest in evidence-based strategies to protect the wellbeing and retention of social workers in

general, particularly during their first year of practice, has been emphasised (Community Care, 2015).

This study considered the extent to which a multi-modal intervention led to improvements in several resilience-building resources and psychological wellbeing in early career children and families social workers. The personal resources included were emotional self-efficacy, reflective ability and aspects of compassion (self-compassion, compassion fatigue and compassion satisfaction). The importance of these characteristics has been highlighted in the authors' previous research and that of others working in various health and social care contexts in several countries (Sabo, 2006; Kinman and Grant, 2011; Grant & Kinman, 2014; Adamson *et al.* 2012; Robins, Roberts and Sarris, 2015).

The importance of self-efficacy in helping newly-qualified social workers develop professional confidence and competence has been widely emphasised (McDonald, 2007; Carpenter *et al.* 2015). Emotional self-efficacy is likely to be particularly useful in this context as it considers the extent to which an individual believes they are able to perceive and manage emotions in themselves and in others and utilise their emotions to facilitate cognitive processes (Choi, Kluemper and Sauley, 2013). Its focus on inter-personal and intra-personal emotion management skills and the use of emotions to inform decision-making is particularly relevant to social workers (Collins, 2008). Reflective ability is also a fundamental aspect of emotional literacy that has been found to underpin successful coping and resilience (Ruch, 2007; Kinman & Grant, 2011).

This study also examines the role played by aspects of compassion in fostering resilience and protecting psychological wellbeing. Compassion is essential to effective health and social care (Radey and Figley, 2007; Frampton, Guastello and Lepore, 2013; Kinman and Grant, 2016). As well as improving the quality of relationships with service users, the benefits of compassion for the wellbeing of helping professionals themselves are recognised (see Kinman and Grant, 2016). Compassion satisfaction, defined as the positive benefits that people in caring roles derive from working with people in distress, can mitigate the negative effects of work-related stress and burnout (Stamm, 2002). Nonetheless, the risk of compassion fatigue, characterised by emotional exhaustion and cynicism, has been identified in studies of health and social care workers – particular those who work with trauma (Bride and Figley, 2007; Thomas and Otis, 2010; Mathieu, 2012). Of particular relevance to the present research is the findings of a study conducted in the USA by Conrad and Kellar-Guenther (2006) whereby around 50% of experienced child protection workers suffered from ‘high’ or ‘very high’ levels of compassion fatigue.

The importance of compassion for the self for the wellbeing of health and social care professionals has also been recognised (Greenberg, Wortman and Stone, 1996). Self-compassion can often be compromised, however, as the care of others is often prioritised over care of the self (McAllister and McKinnon, 2008). Compassion for the self is comprised of three elements: self-kindness (feelings of warmth, acceptance and understanding towards the self), common humanity (a recognition that personal suffering and failure is part of the shared human experience) and mindfulness (taking a balanced and non-judgemental approach to experiencing negative emotions) (Neff, 2003, p.89). Despite its relevance as a personal resource for helping professionals such as social workers, little focus has

yet been placed on the implications of self-compassion for resilience and wellbeing (Mills *et al.*, 2015).).

This study evaluates the effectiveness of an intervention designed to enhance resilience-building resources in social workers in England in their first year of practice, who are supported by the Assessed and Supported Year in Employment (ASYE) Programme. This programme aims to provide newly-qualified social workers with additional guidance as they begin their qualified practice. It is designed to consolidate learning from their training and provide them with regular supervision to support a gradually increasing caseload. Social workers' experiences of support during their newly-qualified year have strong effects on their professional confidence and their wellbeing (Carpenter *et al.* 2015). Personal resources, such as emotional self-efficacy, reflective ability and compassion (for themselves as well as others), are likely to fluctuate in accordance with their experiences in practice and the quality of support they receive. It is particularly important, therefore, for research that aims to evaluate additional support provided to social workers during their newly-qualified year to include a control group in order to establish whether any changes found are due to the intervention, rather than 'naturally' occurring via existing support and personal experience.

Method

Participants and procedure

The participants were from five local authorities in England (a mixture of Unitary Councils, Shire Counties and Inner City Boroughs). The employers approached the researchers to request training in resilience and wellbeing for f their newly qualified social workers and participants volunteered to attend. This study utilised a repeated-measures wait-list controlled design. The training intervention was delivered on three separate days over a period of two months, which was supported by a series of self-directed activities designed to consolidate learning. A wait-list protocol was utilised: Group 1 received the intervention before completing follow-up questionnaires and a control group (Group 2) attended training sessions after the initial data collection was completed.

An online survey was used to obtain data from both groups at two time points: T1 = two weeks before the first training session and T2 = eight weeks after the final session. There were 25 participants in the study group (77% female, with a mean age of 35 [SD 8.7]) and 31 in the control group (90% female, with a mean age of 33 [SD = 7.9]). The study and control groups were employed by different local authorities and were in their first year of qualified practice as children and families' social workers. It should be noted that one social worker from the control group left during the study period, and another was on long term sick leave for stress.

Training in several techniques was provided in individual sessions over three days by experts in the techniques utilised and by experienced practitioners who had no involvement in supporting the participants formally during their ASYE. Each technique was carefully selected on the basis of the available evidence for enhancing the characteristics that underpin emotional resilience, such as emotional self-efficacy, reflective ability and self-compassion as well as wellbeing in health and social care professionals (see Grant & Kinman, 2014). The following sessions were

included: peer support and coaching; goal setting and personal organisation; self-knowledge, coping skills and stress resistance; cognitive-behavioural techniques; mindfulness and relaxation; and critical reflection skills. To maximise relevance and engagement, each session used examples, case studies and exercises firmly embedded in the everyday realities of social work. More information on the intervention is provided in Table 1. See Grant and Kinman (2014) for further details of the training sessions and a more detailed description of their relevance in supporting resilience.

Table 1 about here

Ethics

The study was conducted in accordance with the British Psychological Society's Code of Ethics (BPS, 2010) and approved by the University of X's Research Ethics Committee. Participants gave full informed consent and were assured of their anonymity and their right to withdraw from the study.

Measures

A series of scales with widely used scales was utilised to assess the study variables. Mean scores across items were taken for each scale. Unless otherwise indicated, higher scores on each scale represent higher levels of the variable assessed.

Emotional self-efficacy was measured by a 24-item questionnaire developed by Choi *et al.* (2012). This is a unidimensional measure with several facets: perceiving and managing emotions in self; perceiving emotions in others; use of emotions to facilitate thought; understanding of emotional complexity; managing

emotions in self and in others. An example of an item is: 'When my mood changes, I see new possibilities'. A 5-point scale was utilised, ranging from 1 = 'Strongly disagree' to 5 = 'Strongly agree'. Previous research indicates that the measure is internally consistent (e.g. Cronbach alpha = .96; Kirk *et al.* 2008). For the current study, Cronbach alphas for study group: time 1 = .79; time 2 = .75; control group: time 1 = .82, time 2 = .79.

Reflective ability was assessed by 23-item Groningen Reflective Ability Scale developed by Aukes *et al.* (2007) which encompasses self-reflection, empathic reflection and reflective communication. An example item is 'I can see an experience from different standpoints'. A five-point scale was used to obtain responses, ranging from 1 = 'Strongly disagree' to 5 = 'Strongly agree'. This measure has previously demonstrated acceptable internal consistency (e.g. Cronbach alpha = .87; Anderson *et al.* 2014). Cronbach alphas for the current study: study group: time 1 = .80, time 2 = .82 and control group time 1 = .75, time 2 = .81.

Self-compassion was assessed by a 12-item measure developed by Raes *et al.* (2011). This assesses several aspects of compassion towards the self, such as self-kindness, common humanity over-identification and mindfulness. An example item is: 'I try to see my failings as part of the human condition'. A five-point response scale was used ranging from 1 = 'Almost never' to 5 = 'Almost always'. A Cronbach alpha of .86 for this scale has been reported by the authors (Raes *et al.* 2011). Cronbach alphas: study group: time 1 = .79, time 2 = .93 and control group time 1 = .72, time 2 = .90.

Compassion satisfaction and fatigue were measured by the Professional Quality of Life Scale (Hudnall-Stamm, 2010). Ten items assess compassion

satisfaction (e.g. 'I have happy thoughts and feelings about those I help and how I could help them') and a further 10 items measure compassion fatigue (e.g. 'I feel overwhelmed as my caseload seems endless'). Both compassion fatigue and satisfaction are assessed on a five-point response scale from 1 = 'Never' to 5 = 'Very often'. Moderate to high internal consistency has been reported for both sub-scales with Cronbach alphas for compassion satisfaction = .88 and compassion fatigue = .75 (Hudnall-Stamm, 2010). Cronbach alphas for the present study: study group: compassion satisfaction time 1 = .89, time 2 = .90 and compassion fatigue time 1 = .76, time 2 = .76 and control group time 1 = .78, time 2 = .84,

Psychological distress was assessed by the 10-item Perceived Stress Scale (Cohen *et al.* 1983). This measures the extent to which people appraise the situations in their life as stressful, for example: 'How often have you felt nervous and stressed?' The response options range from 0 = 'Never' to 4 = 'Very often'. This measure is very popular and its internal consistency has been demonstrated (see Lee, 2012 for a review). Cronbach alphas: study group time 1 = .88, time 2 = .81 and control group time 1 = .86, time 2 = .82.

Evaluation of programme. Participants in the study group were asked to evaluate the extent to which they found each of the different elements of the training programme useful on a five-point scale ranging from 1 = 'Not at all useful' to 5 = 'Very useful'. This information was obtained at two time points: one week and eight weeks after the training programme ended.

Results

Mean scores for each of the study variables at the two time points were calculated. A series of independent-samples t-tests was conducted to compare mean scores for study variables at baseline (i.e. time 1). No significant differences were found. A repeated-measures multivariate analysis of variance (MANOVA) was used to evaluate the effectiveness of the training for improving the outcome measures. Matched T-tests were used to statistically compare the mean scores for each of the measures taken pre- and post-intervention for both study group and controls. As recommended in a recently published review of intervention studies conducted with social workers by Ham et al. (2015), Cohen's effect size values are reported to indicate the practical significance of the findings, where values of 0.20 are considered small, 0.50 as medium, and 0.80 as large (Cohen, 1992).

In terms of the effectiveness of the intervention, the MANOVA demonstrated a post-intervention improvement for the study group ($p < .001$). Mean scores for variables taken before and after the intervention for both the study and control groups can be seen in Table 2, together with the results of T-tests showing the degree of difference and the effect sizes. For the study group, the intervention appeared to be beneficial in that levels of emotional self-efficacy ($p < .001$), compassion satisfaction ($p < .01$), reflective ability ($p < .01$), self-compassion ($p < .01$) increased and the level of psychological distress reduced ($p < .01$). The difference observed between the mean scores for emotional self-efficacy was found to be of high practical significance and the changes observed in levels of compassion satisfaction, self-compassion and psychological distress were moderate. No

significant differences were found in levels of compassion fatigue measured before and after the intervention. Some changes were found in the control group, as mean scores for reflective ability ($p < .05$) and self-compassion reduced ($p < .05$) and compassion fatigue ($p < .01$) and psychological distress ($p < .05$) increased during the study period. This deterioration in aspects of wellbeing will have influenced the small to moderate effect sizes found for these variables.

Table 2 about here

The proportion of participants that found each of the training sessions ‘very useful’ and ‘useful’ one week and eight weeks after the final session is shown in Table 3. As can be seen, a considerable majority evaluated all of the training sessions positively immediately after the end of the training period. They tended to find self-knowledge, goal setting and cognitive behavioural techniques the most useful in helping them manage the stress of practice. Although mindfulness and reflective supervision were considered the least useful techniques, around three-quarters of the sample found them useful or very useful. Eight weeks after the training was completed, the session on self-knowledge continued to be rated as the most valuable and the perceived usefulness of peer coaching and cognitive behavioural techniques generally remained stable over time. Perceptions of the effectiveness of goal setting and mindfulness reduced slightly but, interestingly, the value of the training session on reflective supervision increased considerably over time.

Table 3 about here

Discussion

The findings of this study suggest that a relatively brief multi-modal intervention has considerable potential to enhance the emotional resilience and the psychological wellbeing of newly-qualified social workers working in children's services. Clear benefits were found for several interpersonal and intra-personal resources previously found to underpin resilience in social workers and other helping professionals, as well as in reducing psychological distress in general. Moreover, the individual components of the intervention were evaluated positively immediately following the training period and two months later.

Particular benefits were found for emotional self-efficacy, which encompasses the ability to perceive and understand emotion in the self and others, appreciate the complexity of emotions, and use emotions to facilitate thought. As emotional self-efficacy is a key aspect of resilience in social work (Kinman & Grant, 2011), the finding that a relatively short training intervention can develop inter-individual and intra-individual emotion management skills is particularly promising. The findings also support and extend those of previous research with social workers that has found aspects of emotional literacy to be a powerful predictor of psychological wellbeing (Brinkborg *et al.* 2011; Kinman & Grant, 2011).

Reflective ability also increased following the intervention, highlighting improvements in social workers' self-reflection and reflective communication skills,

as well as an increased capacity to explore the nature and impact of their empathic interactions with service users. Well-developed reflective abilities have previously been associated with improved practice, as well as enhanced wellbeing, in health and social care environments (Mann *et al.* 2009; Kinman & Grant, 2011). Social workers are required to tackle problems that are complex and multi-faceted, frequently without solutions that will satisfy all stakeholders. Social work education aims to equip students with the skills to become reflective practitioners, enabling them to manage such problems creatively (College of Social Work, 2012).

Encouragingly, the present study found that the participants' initial level of reflective ability was high according to normative scores published by the authors of the scale (Aukes *et al.* 2008) and this crucial ability increased over time for the control group as well as those receiving the intervention. Although these gains were greater in the study group than among the controls, highlighting the need for additional input, these findings suggest that reflective skills continue to develop during the ASYE year and beyond.

It is widely recognised that social care professionals are at high risk of compassion fatigue, which can threaten their wellbeing and professional functioning (Thomas and Otis, 2010). In the present study, no evidence was found that the intervention alleviated compassion fatigue which was characterised by emotional exhaustion and cynicism. As it is generally believed to result from a gradual decline in care and concern over time (Figley, 2002), compassion fatigue may be less relevant to newly-qualified helping professionals. Some benefits were found, however, for self-compassion and compassion satisfaction, in that the study group tended to be more tolerant of their perceived shortcomings and were able to take more pleasure in being able to help others following the intervention. Self-

compassion, in particular, is likely to protect and promote resilience and wellbeing as it can trigger positive, therapeutic self-care behaviours (Mills *et al.*, 2015). The fact that self-compassion reduced over the study period for the control group highlights the need for social workers to receive further support in this key area.

Future research should explore the vulnerability factors that might predict the onset of compassion fatigue at an early stage as well as the extent to which the positive aspects of compassion might protect social workers against its onset and protect wellbeing more generally over time. More insight is also required into newly qualified social workers' views regarding the importance of self-care and self-compassion, together with how the need for what has been termed 'responsible selfishness' (Adam and Taylor, 2014) might best be made more salient and more valued.

The urgent need for interventions to protect the wellbeing of newly qualified social workers has been highlighted by the findings of this study. Evidence was found that, without additional support, psychological distress may increase and compassion fatigue and self-compassion may reduce over a fairly short period of time with potentially serious consequences. The findings highlight the acceptability and benefits of a tool-box approach to social workers at a vulnerable stage in their professional journey. The importance of using social work examples and expert trainers who are familiar with the everyday experiences of social workers was also highlighted, although this feedback was informal only. All sessions were evaluated positively. The training on self-knowledge, which aimed to develop insight into internal and external resources and personal coping styles and motivations, was particularly well received; indeed, participants continued to find it helpful two months after the final session. Peer coaching and cognitive behavioural techniques were

generally considered slightly less useful in protecting wellbeing in the practice setting, but they were still rated highly.

Interestingly, perceptions of the benefits of reflective supervision tended to increase over time. Reflective supervision is based on the notion that the supervisory process is a learning opportunity, enabling a social worker to gain insight about themselves and their practice, explore relevant theory and evidence, and use this information to consider how their knowledge and skills can be improved. Supervision should provide a safe environment where professionals can reflect on their practice and disclose and discuss their emotional reactions; it also has an important role in helping social workers develop their problem-solving and coping capacities (Grant & Kinman, 2014). The findings of this study suggest that awareness of the need for high quality reflective supervision and its wide-ranging implications for wellbeing and practice may develop more slowly over the newly qualified year. The extent to which social workers are able to access appropriate supervision in the early stages of their career, and the long-term impact on their wellbeing and professional practice should be further examined. Indeed, there is evidence that, despite the emphasis on high quality support for newly qualified social workers, the provision of reflective supervision in social work is minimal. Indeed, it has been observed that supervision is all too often used as an administrative 'check-in' or as a surveillance mechanism rather than a supportive process (Beddoe 2010; Munro 2011). Of additional concern, are the findings of a recent survey conducted jointly by Community Care and Unison (2014) that drew on data on 1140 social workers' workloads, which showed that many newly qualified staff are carrying extra cases due to staff shortages

The study provided evidence for the benefits of additional support for the resilience and wellbeing of newly qualified social workers. Nonetheless, time

constraints meant that participants could only be provided with a short 'taster' session on each of the techniques. More in-depth training would broaden and consolidate these skills and potentially increase their benefits for sustainable wellbeing. Participants' evaluations of the usefulness of each training session highlighted their acceptability and validated their value in the 'real world' of social work practice, but it is crucial to assess the impact of each of the individual components more comprehensively. At the time of writing, research is underway to evaluate more comprehensive training programmes on peer coaching and mindfulness practice in samples of social workers working in different contexts. Evaluations of interventions designed to enhance reflective supervision and create reflective space are also planned. Although benefits were found two months following the completion of the training, an assessment of its longer-term impact throughout the ASYE year is recommended. Diary research could also be used to explore whether there are any fluctuations in levels of wellbeing which could inform the timing and type of training that would be most effective at different points in the year.

This study has yielded interesting and useful findings but some limitations should be acknowledged. As the sample was small, the impact of demographic variables (such as gender, age and ethnicity) or the role played by previous experience in social care, on the variables measured and the acceptability and effectiveness of the interventions cannot be determined. Future studies should explore these issues with larger numbers of social workers, as the findings of such studies will help target interventions more precisely. It should also be acknowledged that the changes observed in the study group may have been attributable to other factors, such as enhanced support and encouragement from colleagues who attended the training

sessions as well as support from co-workers. Nonetheless any such effects (although not pre-specified) could be considered a positive outcome of the intervention.

Finally, evidence-based interventions to build resilience in professions that are intrinsically emotionally demanding are essential to help workers avoid burnout and protect their professional practice. It should be acknowledged, however, that resilience is not merely an individual attribute: social work employers have a legal and moral duty of care to safeguard the wellbeing of staff. The risk of using the resilience concept to pathologise social work professionals who are unable to cope with increasingly heavy caseloads and dwindling resources has been identified (Consodine *et al.* 2015). The development of an ecological model of resilience that is more contextually embedded is likely to be fruitful, whereby responsibility for wellbeing is collective rather than individualised. This approach will require the development of multi-level contextually-relevant interventions to address the challenges experienced in the sector and the resources required to meet them. Insight into the political, economic and social factors that underpin resilience in individuals and the impact of the social and ideological expectations of and by social workers is also required. Most importantly, more knowledge is needed of ways in which organisations can build resilient working environments that allow social workers to thrive.

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Table 1: Details of intervention

Workshop Title	Focus	Rationale
Meditation & Mindfulness	Focusing on the present moment without distraction.	Useful to regulate emotions, reduce over-identification with service users and empathetic distress, and enhance wellbeing
Cognitive Behavioural Skills	Concentrating on thinking styles to develop strategies to manage emotional or behavioural difficulties.	Can help manage anxiety and enhance problem-solving ability, which are vital for self-regulation and wellbeing
Supervision for Reflective Practice	Acknowledging the importance of supervision as a protective resource	Can create reflective space and contain anxiety, which can help social workers to flourish
Peer Coaching	Working with a colleague to develop solution-focused rather than problem focused approaches. The importance of celebrating peak moments	Can protect wellbeing during stressful periods and enhance reflective skills
Goal Setting and Personal Organisation	Creating effective and realistic work-plans by helping manage multiple priorities	Managing time and prioritising respite and recovery can reduce stress and enhance resilience
Self Knowledge and Action Planning	Insight into the way stress is appraised and external/internal resources	Can develop action plans to change beliefs and behaviours and identify key stress coping resources.

Table 2: Differences between pre and post-intervention scores for the intervention (group 1) and control group (group 2) showing effect sizes

Outcomes	Pre-intervention <i>M (SD)</i>	Post-intervention <i>M (SD)</i>	<i>t</i> value	Effect size
<hr/>				
Emotional self-efficacy				
Group 1	3.52 (.34)	3.96 (.27)	-3.93***	.88
Group 2	3.41 (.38)	3.22 (.45)	.62	
Compassion satisfaction				
Group 1	3.18 (.52)	3.68 (.44)	-3.42**	.54
Group 2	3.14 (.45)	2.91 (.68)	.73	
Reflective ability				
Group 1	3.70 (.39)	3.97 (.29)	-2.58*	.08
Group 2	3.61 (.42)	3.90 (.55)	-1.54*	
Self-compassion				
Group 1	3.12 (.45)	3.77 (.72)	-3.00**	.57
Group 2	3.37 (.69)	2.94 (.45)	2.42*	
Psychological distress				
Group 1	3.09 (.51)	2.65 (.39)	3.37**	.42
Group 2	2.93 (.65)	3.28 (.87)	-2.39*	
Compassion fatigue				
Group 1	2.51 (.50)	2.62 (.61)	-0.28	.42
Group 2	2.72 (.65)	3.24 (.73)	-3.28	

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 3: % of respondents who found each session very useful/useful 1 week and 8 weeks after the training period

	1 week post-intervention			8 weeks post-intervention		
	% very useful	% useful	Total	% very useful	% useful	Total
Self-knowledge	83	17	100%	61	39	100%
Goal setting	43	48	91%	28	56	84%
Reflective supervision	51	26	78%	50	44	94%
Peer coaching	39	43	82%	47	35	82%
CBT	57	35	92%	50	39	89%
Mindfulness	48	26	74%	11	56	67%